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RACISM, RACIAL DISCRIMINATION, XENOPHOBIA AND ALL FORMS OF DISCRIMINATION

Written statement* submitted by Physicians for Human Rights, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[5 March 2002]

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*This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

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Good health is an essential precursor to the enjoyment of all other human rights and should be available and accessible on an equal basis for all. Every person in every society is equally entitled to the enjoyment of the highest attainable standard of health. Unfortunately, the health of people of colour, ethnic minority groups and other disadvantaged populations everywhere in the world is profoundly impaired as a consequence of racism, racial discrimination, xenophobia and related intolerance.

Discrimination and racism deprive members of these groups from equal access to health care, equal enjoyment of quality health services and has a negative impact on their health status. Women, children, youth, refugees, internally displaced people and migrants, who are members of minority groups, are doubly discriminated against and their health suffers additionally. Some discriminatory practices against racial and ethnic groups in health are written into law. Others are a product of government policies relating to access to clean water, education, health services, and other social programs that are the main determinants of health status. Still others are a product of privately held and expressed attitudes and practices deeply embedded in cultures and uncontested by governments that are obligated under international covenants to take affirmative steps to eliminate discrimination based on race, colour, nationality, and ethic group.

Further, poverty is the single most powerful predictor of poor health status and racism in many societies condemns millions of people of colour to poverty, unemployment, poor housing and sanitation, inadequate nutrition and inferior education, which are the major determinants of health status. Also, violence against women and children of colour including sexual violence, is a pervasive global phenomenon that adversely affects their health status as well as their ability to obtain quality care.

Physicians for Human Rights is pleased at the recognition the World Conference against Racism has given to the negative impact racism, racial discrimination, xenophobia and related intolerance has on the physical and mental health of its victims and the initial steps governments have agreed to take to combat these effects. Accordingly, Physicians for Human Rights calls upon the Commission to adopt a resolution:

- Urging the High Commissioner for Human Rights to help States and regional organisations to convene national and regional meetings or undertake other initiatives, including those at the expert level, to implement the World Conference Plan of Action.

- Requesting that the manifestations of racism, racial discrimination and xenophobia in the health and health status of racial and racialized groups in all regions of the world be monitored by the eminent experts appointed by the Secretary-General in follow up to the World Conference; with special attention being paid to the implementation of paragraphs 3, 92, 100, 101, 110 of the Program of Action. (text of these paragraphs in annex attached)

- Calling upon states, where necessary, to strengthen or change their national legislation, institutions and policies to ensure for the speedy and effective implementation of the World Conference Plan of Action.

- Requesting that the World Health Organisation and other relevant international organisations

- prepare specific projects and carry out research aimed at investigating the impact racism, racial discrimination, xenophobia and related intolerance have on the physical and mental health status of the victims, eliminating such negative impacts and ensuring equitable, accessible and quality health systems for all.

- Assist governments to develop appropriate mechanisms for collecting, analysing and reporting on disaggregated statistical data collected in accordance with paragraph 92 of the World Conference Plan of Action.

- Inviting the Sub-Commission on Prevention of Discrimination and Protection of Minorities and the Special Rapporteur on Contemporary Forms of Racism, Racial Discrimination, Xenophobia and Related Intolerance, to pay special attention, in accordance with their mandate, to the implementation of the World Conference Plan of Action and, in particular, to those paragraphs relating to the collection of statistical data as set out in paragraph 92 of the Plan of Action.

- Inviting the General Assembly to convene a follow-up conference to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance to be held no later than 2007 at which time the implementation of the plan of action of the last World Conference can be measured and new goals and strategies to combat racism, racial discrimination, xenophobia and related intolerance can be established.

Appendix

World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance

Programme of Action

3. Urges States to work nationally and in cooperation with other States and relevant regional and international organizations and programmes to strengthen national mechanisms to promote and protect the human rights of victims of racism, racial discrimination, xenophobia and related intolerance who are infected, or presumably infected, with pandemic diseases such as HIV/AIDS and to take concrete measures, including preventive action, appropriate access to medication and treatment, programmes of education, training and mass media dissemination, to eliminate violence, stigmatization, discrimination, unemployment and other negative consequences arising from these pandemics;

92. Urges States to collect, compile, analyse, disseminate and publish reliable statistical data at the national and local levels and undertake all other related measures which are necessary to assess regularly the situation of individuals and groups of individuals who are victims of racism, racial discrimination, xenophobia and related intolerance;

(a) Such statistical data should be disaggregated in accordance with national legislation. Any such information shall, as appropriate, be collected with the explicit consent of the victims, based on their self-identification and in accordance with provisions on human rights and fundamental freedoms, such as data protection regulations and privacy guarantees. This information must not be misused;

(b) The statistical data and information should be collected with the objective of monitoring the situation of marginalized groups, and the development and evaluation of legislation, policies, practices and other measures aimed at preventing and combating racism, racial discrimination, xenophobia and related intolerance, as well as for the purpose of determining whether any measures have an unintentional disparate impact on victims. To that end, it recommends the development of voluntary, consensual and participatory strategies in the process of collecting, designing and using information;

(c) The information should take into account economic and social indicators, including, where appropriate, health and health status, infant and maternal mortality, life expectancy, literacy, education, employment, housing, land ownership, mental and physical health care, water, sanitation, energy and communications services, poverty and average disposable income, in order to elaborate social and economic development policies with a view to closing the existing gaps in social and economic conditions;

100. Urges States to establish, on the basis of statistical information, national programmes, including affirmative or positive measures, to promote the access of individuals and groups of individuals who are or may be victims of racial discrimination to basic social services, including primary education, basic health care and adequate housing;

101. Urges States to establish programmes to promote the access without discrimination of individuals or groups of individuals who are victims of racism, racial discrimination, xenophobia and related intolerance to health care, and to promote strong efforts to eliminate disparities, inter alia in the infant and maternal mortality rates, childhood immunizations, HIV/AIDS, heart diseases, cancer and contagious diseases;

110. Urges States and encourages non-governmental organizations and the private sector:

(a) To provide effective mechanisms for monitoring and eliminating racism, racial discrimination, xenophobia and related intolerance in the health-care system, such as the development and enforcement of effective anti-discrimination laws;

(b) To take steps to ensure equal access to comprehensive, quality health care affordable for all, including primary health care for medically underserved people, facilitate the training of a health workforce that is both diverse and motivated to work in underserved communities, and work to increase diversity in the health-care profession by recruiting on merit and potential women and men from all groups, representing the diversity of their societies, for health-care careers and by retaining them in the health professions;

(c) To work with health-care professionals, community-based health providers, nongovernmental organizations, scientific researchers and private industry as a means of improving the health status of marginalized communities, in particular victims of racism, racial discrimination, xenophobia and related intolerance;

(d) To work with health professionals, scientific researchers and international and regional health organizations to study the differential impact of medical treatments and health strategies on various communities;

(e) To adopt and implement policies and programmes to improve HIV/AIDS prevention efforts in high-risk communities and work to expand availability of HIV/AIDS care, treatment and other support services;